

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/13/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155572		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 09/20/2011	
NAME OF PROVIDER OR SUPPLIER AUTUMN HILLS HEALTH AND REHAB CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 10352 N 600 E COUNTY LINE RD DEMOTTE, IN46310			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for the Investigation of Complaint IN00096178.</p> <p>Complaint IN00096178 substantiated, Federal/State deficiency related to the allegations are cited at F 314.</p> <p>Survey dates: September 19 and 20, 2011</p> <p>Facility number: 155572 Provider number: 000471 AIM number: 100290390</p> <p>Survey team: Janelyn Kulik, RN</p> <p>Census bed type: SNF/NF: 55 Residential: 14 NCC: 8 Total: 77</p> <p>Census by payor type: Medicare: 16 Medicare: 45 Other: 16 Total: 77</p> <p>Sample: 7</p> <p>This deficiency also reflects State findings cited in accordance with 410 IAC 16.2</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0314 SS=D	<p>Quality review completed 9/21/11 Cathy Emswiller RN Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>Based on observation, record review, and interview, the facility failed to ensure dietary recommendations were followed and treatment orders were obtained for 1 of 4 residents reviewed with wounds/pressure areas in a sample of 7. (Resident #B)</p> <p>Findings include:</p> <p>Resident #B was observed sitting in the dining room with her breakfast meal in front of her. There was a carton of milk but not health shake on the table in front of the resident.</p> <p>The record for Resident #B was reviewed on 9/19/11 at 1:00 p.m. The resident's diagnoses included, but were not limited to, failure to thrive, depressive disorder, urinary tract infection, renal failure, and dehydration. The resident was admitted</p>			F0314	<p>F314 The filing of this plan of correction does not constitute an admission that the alleged deficiency exists. This plan of correction is provided as evidence of the facility's desire to comply with the regulations and to continue to provide quality care. THE FACILITY IS REQUESTING PAPER COMPLIANCE. PLEASE SEE ATTACHED AUDIT TOOLS AND INSERVICE AGENDA. 1) Immediate actions taken for those residents identified: As stated in the 2567, treatment orders for Resident #B were obtained on 9/2/11. Resident #B's dietary tray ticket was updated to include Health shake with all meals. 2) How the facility identified other residents: Facility-wide skin sweep on all residents was completed to identify any skin issues, and to ensure that appropriate treatments are in place. Physicians were notified and treatment orders obtained as</p>		10/05/2011

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	<p>to the facility on 8/26/11.</p> <p>Review of a weekly skin observation form dated 8/27/11 at 13:15 (1:15 p.m.) indicated there were no open areas but the resident's coccyx was excoriated with a treatment already in progress.</p> <p>Review of the Physician Order Statement dated 8/26/11, indicated menthol-zinc oxide (calmoseptine ointment, barrier cream) as needed for excoriated coccyx.</p> <p>An initial non-pressure skin report dated 8/29/11 at 14:00 (2:00 p.m.), indicated the resident had an open area to the coccyx measuring 1.0 by 0.5 with a depth of 0.5. The treatment/recommended changes indicated monitor and keep clean till treatment orders received. The physician and family were notified.</p> <p>Review of the 8/26/11 Medication Administration Record indicated the menthol zinc oxide was signed out one time on 8/29/11 as being applied to the resident's coccyx.</p> <p>A pressure ulcer progress report dated 9/2/11 at 10:32 a.m., indicated the area on the coccyx measured 1.5 cm (centimeters) by 0.5 cm by 0.2 cm. The area was a Stage III (full thickness tissue loss). The wound edges were distinct, wound bed</p>				<p>identified. Dietary Manager completed audit of all dietary supplement orders to ensure that orders were communicated accurately on the tray tickets. 3) Measures put into place/ System changes: Licensed nurses were re-educated to obtain treatment orders on the same day that a new pressure area is found, including upon admission, and this information will be placed on the 24-Hour Report. The Director of Nursing/Designee will review the 24-Hour Reports and admission orders during the interdisciplinary daily clinical review meeting 5x/week to identify any new skin issues, and a copy of the notification will be given to the Wound Nurse for follow-up to ensure treatments are being completed and are appropriate. The Director of Nursing/Designee will review new admission orders and telephone orders during the interdisciplinary daily clinical review meeting 5x/ week for any new dietary supplement orders. A copy of the orders will be given to the dietary manager during the meeting for input into the tray ticket system by end of shift same day. Upon completing the input of the orders on the tray ticket, the dietary manager will return the order, along with a copy of the revised tray ticket to the Director of Nursing for review. The Dietary Manager/designee will monitor tray pass at varied meals 5x/week</p>		

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	<p>was 90% red and 10% slough (necrotic or avascular in the process of separating from viable tissue), the surrounding tissue was intact, with a scant amount of serosanguineous drainage. There were no signs of infection noted. The treatment was aquacel covered with duoderm every three days. She was currently on a multivitamin.</p> <p>A pressure ulcer progress report dated 9/8/11, indicated the coccyx wound measured 1.5 cm by 0.5 cm by 0.2 cm and the wound was a Stage II (partial thickness loss of dermis presenting as a shallow open ulcer with a red pink ulcer bed without slough).</p> <p>Review of the 24 hour report provided by the Director of Nursing on 9/19/11 at 2:45 p.m., indicated the wound measured 0.8 cm by 0.5 cm by 0.3 cm. During interview at this time, the Director of Nursing indicated the computers had been down and the staff were unable to input the wound measurements.</p> <p>A progress note dated 9/19/11 at 19:12 (7:12 p.m.), indicated the wound appeared to be a Stage II, measuring 0.8 cm by 0.4 cm by 0.3 cm. The wound bed was pink with no drainage. The surrounding tissue was pink and intact.</p>				<p>to ensure compliance with diet and nutritional supplements. 4) How the corrective actions will be monitored: The Director of Nursing/Designee will be responsible for the coordination and monitoring of audits. The Director of Nursing/Designee will present the results of the audits to the Quality Assurance Committee monthly x6 months. 5) Date of compliance: 10/5/11</p>		

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	<p>Review of the Medication Administration Record (MAR) for September 2011, indicated the treatment order received on 9/2/11 to cleanse the sacrum with wound cleanser, pat dry, apply aquacel and secure with duoderm every three days and as needed was signed out as completed on 9/2/11 and 9/5/11. The treatment order received 9/8/11 for cleanse sacrum with wound cleanser, pat dry apply santyl and cover with versiva everyday and as needed was signed out as completed on 9/8/11 and 9/11/11. 9/12/11 thru 9/17/11 were signed out and circled. On the back of the MAR it indicated the resident refused her treatment on those days. The space for 9/9/11 and 9/10/11 were blank.</p> <p>A change in diet form dated 8/26/11, indicated the resident was to receive a regular diet with health shakes with every meal.</p> <p>A Braden assessment dated 8/26/11 indicated a score of 16 which was a mild risk for pressure ulcers and on 9/9/11 a score of 16 which was no risk for pressure ulcers.</p> <p>The Skin Condition and Pressure Ulcer Assessment policy was provided by the Director of Nursing on 9/20/11 at 11:30 a.m. The standards included, but were not limited to, the following: At the earliest</p>						

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	<p>sign of a pressure or other type of ulcer, or skin problem of any kind, the resident, their legal representative, and attending physician will be notified of their presence. The Director of Nursing will be notified on a daily basis-by the use of the 24-hour Condition Report. Dressings which are applied to pressure ulcers, skin tears, wounds, lesions, or incisions will include the date initials of the licensed nurse who performed the procedure. Dressings will be checked daily for placement, cleanliness and signs and symptoms of infections. Physician-ordered treatments will be documented on the Treatment Administration Record after each administration.</p> <p>Interview with the Dietary Manager on 9/20/11 at 9:40 a.m., indicated she knew Resident #B was to have health shakes. She looked in the computer and the order did not come up. She then indicated she must have forgotten to put the order in the computer. During interview at this time Dietary Aide #1 indicated the resident was to receive health shakes at lunch and dinner. The Dietary Manager then indicated she was receiving the health shakes for lunch and dinner and she knew she received the order. She then told her dietary staff Resident #B was to receive health shakes with all meals.</p>						

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	<p>Interview with the Director of Nursing and the Administrator on 9/20/11 at 10:30 a.m., indicated staff found the area on Resident #B's coccyx and filled out the non-pressure form but when the wound nurse re-evaluated the area was a pressure area. The Director of Nursing then indicated she thought there was a treatment in place for the excoriation other than the as needed order. She further indicated staff did call the physician on 8/29/11 and was told to monitor the area until the wound nurse assessed the area. She and the Administrator indicated the wound nurse should assess the area the next time she worked but had also been working the floor, in-servicing staff and may have been off. The Director of Nursing indicated a treatment should have been obtained for the coccyx area when it was found on 8/29/11 and the treatment should not have waited for the assessment of the wound nurse. She indicated the facility had seen an issue in this area and staff had been being inserviced on getting treatments.</p> <p>This federal tag relates to complaint IN00096178.</p> <p>3.1-40(a)(2)</p>						

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